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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines American Health Care Association Political Action Committee 1201 L Street, NW ADDRESS (number and street) Check if different than previously DC 20005 Washington reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE 🛋 CITY A IS THIS NEW **AMENDED** C00006080 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Χ Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: **Termination Report** (TER) in the Election on State of 09 0 1 2009 09 30 2009 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Ms. Gail Clarkson Type or Print Name of Treasurer Electronically Filed by Ms. Gail Clarkson 10 20 2009 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

FEC Form 3X (Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

RECEIPTS AND DISBURSEMENTS 2 / 44

Write or Type Committee Name American Health Care Association Political Action Committee

D D [®]D 09 0 1 2009 0.9 3 0 2009 From: Report Covering the Period: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2009° 121831.57 January 1 (b) Cash on Hand at 193041.25 Begining of Reporting Period 35276.35 677199.70 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 228317.60 799031.27 6(a) and 6(c) for Column B) 72881.18 643594.85 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 155436.42 155436.42 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed

Schedule C and/or Schedule D)

the committee (Itemize all on

0.00

0.00

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 44

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period:

From: 0 9 M

D D 0 1

2009

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D D D

^Y 2009

I. Receipts		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Contributions (other than loans) From: a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	30275.74	614483.69
	(ii) Unitemized	5000.61	52716.01
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	35276.35	667199.70
(1	b) Political Party Committees	0.00	0.00
`	c) Other Political Committees (such as PACs)	0.00	10000.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	35276.35	677199.70
	Fransfers From Affiliated/Other Party Committees	0.00	0.00
3. A	All Loans Received	0.00	0.00
	oan Repayments Received	0.00	0.00
(Refunds, Rebates, etc.) Carry Totals to Line 37, page 5)	0.00	0.00
to	o Federal candidates and Other Political Committees	0.00	0.00
	Other Federal Receipts Dividends, Interest, etc.)	0.00	0.00
	ransfers from Non-Federal and Levin Funds		
(;	a) Non-Federal Account (from Schedule H3)	0.00	0.00
(I	b) Levin Funds (from Schedule H5)	0.00	0.00
(0	c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
	Otal Receipts (add Lines 11(d), 2, 13, 14, 15, 16, 17, and 18(c))	35276.35	677199.70
	otal Federal Receipts subtract Line 18(c) from Line 19)	35276.35	677199.70

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 44

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Operating Expenditures: (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	110110	1100105
	Expenditures	1181.18	11624.85
	(c) Total Operating Expenditures	1101.10	11001.05
	(add 21(a)(i), (a)(ii) and (b))	1181.18	11624.85
	Transfers to Affiliated/Other Party	0.00	0.00
	Committees Contributions to	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	71700.00	631970.00
	and Other Political Committeeslndependent Expenditure	71700.00	031970.00
	(use Schedule E)	0.00	0.00
	Coordinated Expenditures Made by Party		
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
	(455 5511644151)		
	Loan Repayments Made	0.00	0.00
	Loans Made	0.00	0.00
	Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
		0.00	0.00
	b) Political Party Committees	0.00	0.00
	c) Other Political Committees	0.00	0.00
	(such as PACs)	0.00	0.00
	d) Total Contribution Refunds	0.00	0.00
	(add Lines 28(a), (b), and (c))	0.00	0.00
	Other Disbursements	0.00	0.00
	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)		
	(i) Federal Share	0.00	0.00
		2.22	2.22
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely	2.22	0.00
	With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	72881.18	643594.85
	Total Federal Disbursements		
	Total i ederal Disbursements		
2.	(subtract Line 21(a)(ii) and Line 30(a)(ii)	72881.18	643594.85

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 44

III. Net Contributions/Operating Expenditures		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
33.	Total Contributions (other than loans) from Line 11(d), page 3)	35276.35	677199.70	
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00	
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	35276.35	677199.70	
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1181.18	11624.85	
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00	
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	1181.18	11624.85	

FE6AN026

or for commercial purposes, other that NAME OF COMMITTEE (In Full) American Health Care Assoc Full Name (Last, First, Middle Initiation Tom Accomando	Health Care and Rehab	e to solicit contributions from such committee.
Mailing Address Green Valley	Health Care and Rehab	
		Date of Receipt
		09 02 2009
City	State Zip Code	Transaction ID: C775573
Watauga FEC ID number of contributing federal political committee.	TX 76148	Amount of Each Receipt this Period 117.00
Name of Employer Green Valley Health Care and Rehabilit Receipt For: Primary General Other (specify) ▼	Occupation Administrator Aggregate Year-to-Date 500.00	
Full Name (Last, First, Middle Initial Bryan C. Atchley Mailing Address Sevier Count PO Box 5349	y HCC	Date of Receipt 0 9 2 5 2 0 0 9
City	State Zip Code	Transaction ID: C783074
Sevierville	TN 37864-5349	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Sevier County Health Care Center Receipt For: Primary General Other (specify)	Occupation Assistant Administrator Aggregate Year-to-Date ▼ 1100.00	1 0
Full Name (Last, First, Middle Initial Steve Bellone	al)	Date of Receipt
Mailing Address 921 East For Suite 240		09 / 10 / Y Y Y Y Y Y Y Y
City <u>Ba</u> ltimore	State Zip Code MD 21230	Transaction ID: C778470
FEC ID number of contributing federal political committee.	MD 21230	Amount of Each Receipt this Period 500.00
Name of Employer White Oak Healthcare, LLC	Occupation President/ CEO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
SUBTOTAL of Receipts This Page	optional)	717.00

or for	oformation copied from such Reports and St commercial purposes, other than using the			X 11a 11b 11c 12 13 14 15 16 11
\	AME OF COMMITTEE (In Full)	atements may not be sol name and address of an	ld or used by any persor y political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	merican Health Care Association Poli			
L yr	Full Name (Last, First, Middle Initial) Lyn Bentley			Date of Receipt
	ailing Address 1201 L Street NW	State Zip C	ada	09 08 2009
Cit W	ashington	DC 2000:		Transaction ID: C778327 Amount of Each Receipt this Period
FE	C ID number of contributing deral political committee.	C		20.00
Na AF	me of Employer HCA	Occupation Director		
Re	ceipt For: Primary General Other (specify)	Aggregate Year-to-D	ate ▼ 400.00	
B. Lyr	II Name (Last, First, Middle Initial) n Bentley ailing Address 1201 L Street NW			Date of Receipt
IVIa	alling Address 1201 L Street NVV			09 21 2009
Cit	•	State Zip C		Transaction ID: C782330
FE	Cashington Countributing Early political committee.	DC 2000	5	Amount of Each Receipt this Period 20.00
Na Al-	ime of Employer HCA	Occupation Director		
Re	eceipt For: Primary General Other (specify) ▼	Aggregate Year-to-D	ate ▼ 400.00	
	Il Name (Last, First, Middle Initial) Capela			Date of Receipt
	ailing Address 1101 S. Capital of TX F Bldg. G			09 / 04 / 2009
Cit	ry ustin	State Zip C TX 7874		Transaction ID: C776670
FE	C ID number of contributing deral political committee.	C 7874		Amount of Each Receipt this Period
Na ON	me of Employer NR Inc.	Occupation CEO		
Re	eceipt For: Primary General Other (specify) ▼	Aggregate Year-to-D	ate ▼ 3750.00	
SUB	TOTAL of Receipts This Page (optional)			1290.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 44 (check only one) X 11a 11b 11c 12 13 14 15 16 17
(Any information copied from such Reports and or for commercial purposes, other than using the	Statements ma ne name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Health Care Association P	olitical Action	Committee	
A .	Full Name (Last, First, Middle Initial) Elizabeth Casey	Date of Receipt		
	Mailing Address 3075 E Thousand Oa	09 / 02 / 2009		
	City Westlake Village	State CA	Zip Code 91362-3402	Transaction ID: C775824
	FEC ID number of contributing federal political committee.	C	91302-3402	Amount of Each Receipt this Period 1250.00
	Name of Employer The Chase Group	Occupation Partner	on	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 5000.00	
– В.	Full Name (Last, First, Middle Initial) Karen H. Chadderton	-		Date of Receipt
	Mailing Address 4 Wagon Road		09 17 2009	
	City	State	Zip Code	Transaction ID: C780206
	Enfield FEC ID number of contributing federal political committee.	CT	06082-5639	Amount of Each Receipt this Period
	Name of Employer Riverside Health Rehabili- tation	Occupation Administration		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
_ C.	Full Name (Last, First, Middle Initial) Susan Chase			Date of Receipt
	Mailing Address 5374 Long Shadow C	Ct		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Westlake Village	State CA	Zip Code 91362-5223	Transaction ID: C775822 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	01002 0220	1250.00
	Name of Employer The Chase Group	Occupation Partner	on	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 5000.00	
	SUBTOTAL of Receipts This Page (optional)			2650.00
t	TOTAL This Period (last page this line number		<u> </u>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 44 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Ar or	ny information copied from such Reports and for commercial purposes, other than using th	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) American Health Care Association Po			
 	Full Name (Last, First, Middle Initial) Kathleen Collins Pagels	Date of Receipt		
	Mailing Address 1440 East Missouri S Suite C-102			09 / 15 / 2009
	City Phoenix	State AZ	Zip Code	Transaction ID: C780212
	FEC ID number of contributing federal political committee.	C	85014	Amount of Each Receipt this Period 100.00
	Name of Employer Arizona Health Care Assoc- iation	Occupation Executive	on e Director	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 575.00	
_	Full Name (Last, First, Middle Initial) Patricia Cullen			Date of Receipt
	Mailing Address 7851 Metro Pkwy Suite 200			09 / 29 / 2009
	City Bloomington	State MN	Zip Code	Transaction ID: C785500
	FEC ID number of contributing federal political committee.	C	55425-1524	Amount of Each Receipt this Period
	Name of Employer Care Providers of Minneso- ta	Occupation VP, Publ	n lic Affairs	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) John Derr			Date of Receipt
	Mailing Address 2001 Piper Circle			09 03 7 2009
	City	State	Zip Code	Transaction ID: C778322
	Anacortes FEC ID number of contributing federal political committee.	C	98221-3125	Amount of Each Receipt this Period 500.00
	Name of Employer JD 7 Associates Enterpris- es	Occupation Partner	on	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	UBTOTAL of Receipts This Page (optional) .	1		700.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 44 (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Health Care Association		• •	
Full Name (Last, First, Middle Initial) William Dunn			Date of Receipt
Mailing Address 870 Bexley Ave	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City Marion	State OH	Zip Code 43302-5463	Transaction ID: C778321 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10002 0100	125.00
Name of Employer Marion Manor Nursing Hm Inc	Occupatio Administ		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Gregory J. Elliot			Date of Receipt
Mailing Address AMFM, Inc. 240 Capitol Street			09 08 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Charleston	State WV	Zip Code 25301-2297	Transaction ID: C778324
FEC ID number of contributing federal political committee.	C	25501-2291	Amount of Each Receipt this Period 72.00
Name of Employer AMFM, Inc.	Occupatio	n ion Requested	
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 288.00	
Full Name (Last, First, Middle Initial) Teresa Eyet			Date of Receipt
Mailing Address 1201 L Street NW			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State DC	Zip Code	Transaction ID: C778328
Washington FEC ID number of contributing federal political committee.	C	20001	Amount of Each Receipt this Period 20.00
Name of Employer AHCA	Occupatio Educatio		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	
SUBTOTAL of Receipts This Page (optional	J)		217.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 44 (check only one) X 11a
0	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements made and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Health Care Association Po	olitical Action	Committee	
۸.	Full Name (Last, First, Middle Initial) Teresa Eyet	Date of Receipt		
	Mailing Address 1201 L Street NW	State	Zip Code	09 21 2009
	City Washington	DC	20001	Transaction ID: C782331 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20001	20.00
	Name of Employer AHCA	Occupatio Educatio		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	
- 3.	Full Name (Last, First, Middle Initial) Susan Feeney Mailing Address 7005 Metropolitan PI	1		Date of Receipt
	<u> </u>			09 08 2009
	City	State	Zip Code	Transaction ID: C778330
	Falls Church FEC ID number of contributing federal political committee.	C	22043-2330	Amount of Each Receipt this Period 19.24
	Name of Employer American Health Care Asso- ciation	Occupatio Vice Pre	n sident, Public Affairs	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 384.56	
. –	Full Name (Last, First, Middle Initial) Susan Feeney			Date of Receipt
	Mailing Address 7005 Metropolitan PI			09 21 2009
	City	State	Zip Code	Transaction ID: C782332
	Falls Church FEC ID number of contributing federal political committee.	C	22043-2330	Amount of Each Receipt this Period 19.24
	Name of Employer American Health Care Asso- ciation	Occupatio Vice Pre	n sident, Public Affairs	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 384.56	
	SUBTOTAL of Receipts This Page (optional) .	1		58.48

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 44 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) American Health Care Association F	the name and add	ress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Lowell Feldman	Date of Receipt		
walling Address 163 West Kingsbrid	Mailing Address 163 West Kingsbridge Road		
City	State	Zip Code	Transaction ID: C782552
Bronx FEC ID number of contributing federal political committee.	C	10463	Amount of Each Receipt this Period 300.00
Name of Employer Terrace Healthcare Center, Inc Receipt For: ☐ Primary ☐ General Other (specify) ▼	Occupation Administr Aggregate		
Full Name (Last, First, Middle Initial) Paul Friedlan Mailing Address 10067 East Windros	se Drive		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C778599
Scottsdale	AZ	85260-4655	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Management Southwest Corp	Occupation Administr		
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1100.00]
Full Name (Last, First, Middle Initial) Neil Gulsvig			Date of Receipt
Mailing Address My Innerview 500 Third Street			09 21 2009
City Wausau	State WI	Zip Code 54403	Transaction ID: C780476 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		450.00
Name of Employer Information Requested	Occupation Information	on Requested	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 450.00	
SUBTOTAL of Receipts This Page (optional))		1750.00

	ULE A (FEC Form 3X) ED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 44 (check only one) X 11a 11b 11c 12 13 14 15 16
NAME (ation copied from such Reports and S nercial purposes, other than using the DF COMMITTEE (In Full) can Health Care Association Pol			on for the purpose of soliciting contributions solicit contributions from such committee.
Dennis I Mailing I City Wichit	Address Midwestern Healthcare 601 Midwestern Parkw		Zip Code 76302	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Midwes ter Receipt	f Employer tern Healthcare Cen- For: rimary General ther (specify)	Occupatio Informati	n ion Requested e Year-to-Date ▼	300.00
David H	ne (Last, First, Middle Initial) ebert Address 7605 Ridgecrest Drive	<u> </u>		Date of Receipt M M D D V Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: C778335
<u>Alexan</u>	dria	VA	22308-1049	Amount of Each Receipt this Period
	number of contributing political committee.	C		38.47
Name of AHCA	f Employer	Occupatio Senior V	n ice President of Advocacy	
	For: rimary General ther (specify) ▼	Aggregate	e Year-to-Date ▼ 769.39	
Full Nar	me (Last, First, Middle Initial)			Date of Receipt
	Address 7605 Ridgecrest Drive			09 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: C782336
	number of contributing political committee.	C	22308-1049	Amount of Each Receipt this Period 38.47
Name of AHCA	f Employer	Occupatio Senior V	n ice President of Advocacy	
	For: rimary General ther (specify) ▼		e Year-to-Date ▼ 769.39	
SURTOTA	AL of Receipts This Page (optional)	l		576.94

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 44 (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
\ \	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Health Care Association Po	e name and ad	Idress of any political committee to	o solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Jon Howell Mailing Address 334 Fountainhead Dr	ive		Date of Receipt
	City <u>Jefferson</u>	State GA	Zip Code 30549	Transaction ID: C776668 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. Name of Employer	Occupation	on	1200.00
	Name of Employer Georgia Health Care Association Receipt For: ☐ Primary ☐ General Other (specify) ▼	State Ex		
В.	Full Name (Last, First, Middle Initial) Joel M. Kelsh Mailing Address 4624 Grand Avenue	Date of Receipt 0 9 1 0 2 0 0 9		
	City	State	Zip Code	Transaction ID: C778468
	Minneapolis FEC ID number of contributing federal political committee.	C	55409	Amount of Each Receipt this Period
	Name of Employer Information Requested Receipt For:		on tion Requested e Year-to-Date ▼	
	Primary General Other (specify) ▼	riggi ogali	1050.00	
C.	Full Name (Last, First, Middle Initial) Cheryl Killian Mailing Address 3801 Woodside Dr	'		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C787720
	Arlington FEC ID number of contributing federal political committee.	C	76016-3030	Amount of Each Receipt this Period 25.00
	Name of Employer Legacy Care Centers Inc.	Occupation Presider		
	Receipt For: Primary General Other (specify) ▼	- ' '	e Year-to-Date ▼ 225.00	
	SUBTOTAL of Receipts This Page (optional)	1		2275.00
Ī	TOTAL This Period (last page this line number	er only)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 44 (check only one) X
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Health Care Association Poli	tical Action Committee	
Full Name (Last, First, Middle Initial) Johann Komurek		Date of Receipt
Mailing Address Elderwood @ Maplewood 50 Nicholas Lane		09 / 25 / 4 4 4 4
City Lancaster	State Zip Code NY 14086	Transaction ID: C782556
FEC ID number of contributing federal political committee.	C 14080	Amount of Each Receipt this Period 300.00
Name of Employer Elderwood @ Maplewood	Occupation Information Requested	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) David Kyllo		Date of Receipt
Mailing Address 4621 28th Road South		09 / 08 / 2009
City	State Zip Code	Transaction ID: C778336
Arlington	VA 22206	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	39.56
Name of Employer AHCA	Occupation Director, Assisted Living	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 791.20	
Full Name (Last, First, Middle Initial) David Kyllo		Date of Receipt
Mailing Address 4621 28th Road South		09 / 21 / 2009
City	State Zip Code	Transaction ID: C782337
Arlington	VA 22206	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	39.56
Name of Employer AHCA	Occupation Director, Assisted Living	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 791.20	
SUBTOTAL of Receipts This Page (optional)		379.12
TOTAL This Period (last page this line number of	·	

SCHEDULE A (FEC Form CITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 44 (check only one) X
Any information copied from such Reports or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Health Care Association	and Statements may not be sold or used by any persong the name and address of any political committee to n Political Action Committee	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ted LeNeave Mailing Address 5372 Fallowater I Suite 200 City Roanoke FEC ID number of contributing federal political committee. Name of Employer American HealthCare, LLC Receipt For:	State Zip Code VA 24018-0909 C Occupation Administrator	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify)	Aggregate Year-to-Date ▼ 2350.00]
Mailing Address 201 North Main S City Mount Vernon FEC ID number of contributing federal political committee. Name of Employer	State Zip Code OH 43050 C Occupation	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify)	President & CEO Aggregate Year-to-Date ▼ 5000.00	
Full Name (Last, First, Middle Initial) Kelly McCullum Mailing Address Diagnostic Labor 2820 North Ontar City Burbank FEC ID number of contributing federal political committee.		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Diagnostic Laboratories	Occupation Information Requested	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (option	nal)	2650.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 44 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Health Care Association Po	olitical Action	Committee	
Full Name (Last, First, Middle Initial) Arlene Miles			Date of Receipt
Mailing Address 6061 South Brook Va	lley		09 28 2009
City	State	Zip Code	Transaction ID: C787723
Centennial	CO	80121-3103	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Colorado Health Care Asso-	Occupatio		
ciation	State Ex		\dashv
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	1
Other (specify)	0 0	500.00	
Full Name (Last, First, Middle Initial) Michaela Miller	1		Date of Receipt
Mailing Address 20023 SW Corrine St	reet		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C785501
<u>Beaverton</u>	OR	97007-8637	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		2000.00
Name of Employer Avamere Health Services	Occupatio Shareho		
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) Cynthia Klisz Morton			Date of Receipt
Mailing Address 4609 Overbrook Road	b		09 08 2009
City	State	Zip Code	Transaction ID: C778337
<u>Bethesda</u>	MD	20816	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		19.24
Name of Employer American Health Care Asso- ciation	Occupatio Governm	n nent Affairs	
Receipt For:	Aggregate	e Year-to-Date 🔻	
Primary General Other (specify) ▼		398.66]
Other (specify) ▼ SUBTOTAL of Receipts This Page (optional) .			2519.2

or for commercial NAME OF CO American He Full Name (Las Cynthia Klisz M Mailing Addres City Bethesda FEC ID numbe federal political Name of Emple American Heal ciation Receipt For: Primary	purposes, other than using the MMITTEE (In Full) ealth Care Association Policit, First, Middle Initial) orton at 4609 Overbrook Road or of contributing committee.	name and add	zip Code 20816	Date of Receipt Date of Receipt Transaction ID: C782338 Amount of Each Receipt this Period
Full Name (Las Cynthia Klisz M Mailing Addres City Bethesda FEC ID number federal political Name of Emple American Heal ciation Receipt For: Primary	ealth Care Association Police of the First, Middle Initial) orton s 4609 Overbrook Road or of contributing committee. over th Care Asso-	State MD C Occupation Government	Zip Code 20816 ent Affairs	Transaction ID: C782338 Amount of Each Receipt this Period
Cynthia Klisz M Mailing Addres City Bethesda FEC ID number federal political Name of Empler American Heal ciation Receipt For: Primary	orton s 4609 Overbrook Road or of contributing committee. over th Care Asso-	C Occupation Government	20816 ent Affairs	Transaction ID: C782338 Amount of Each Receipt this Period
City Bethesda FEC ID numbe federal political Name of Emplo American Heal ciation Receipt For: Primary	or of contributing committee. Oyer th Care Asso-	C Occupation Government	20816 ent Affairs	Transaction ID: C782338 Amount of Each Receipt this Period
Bethesda FEC ID numbe federal political Name of Emplo American Heal ciation Receipt For: Primary	committee. Experimental committee. General	C Occupation Government	20816 ent Affairs	Amount of Each Receipt this Period
FEC ID numbe federal political Name of Emple American Heal ciation Receipt For: Primary	committee. Experimental committee. General	Occupation Governme	ent Affairs	
ciation Receipt For: Primary	General	Governme	ent Affairs	
Primary		Aggregate	Voor to Data	
Other (sp			398.66	
Roberts Nelson	t, First, Middle Initial)			Date of Receipt
Mailing Addres	s 3075 E Thousand Oak	s Blvd		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City		State	Zip Code	Transaction ID: C775823
Westlake Vil FEC ID numbe federal political	r of contributing	CA	91362-3402	Amount of Each Receipt this Period 1250.00
Name of Emplo The Chase Gro	oyer oup	Occupation Partner		
Receipt For: Primary Other (sp	General pecify) ▼	Aggregate	Year-to-Date ▼ 5000.00	
Full Name (Las	t, First, Middle Initial)			Date of Receipt
Mailing Addres	s Mangar USA 1111 Jupiter Road			09 09 2009
City Plano		State TX	Zip Code 75074	Transaction ID: C778317 Amount of Each Receipt this Period
	r of contributing committee.	C	75074	300.00
Name of Emplo Mangar USA	byer	Occupation Sales		
Receipt For: Primary Other (sp	General pecify) ▼	Aggregate	Year-to-Date ▼ 300.00	
SUBTOTAL of R	eceipts This Page (optional)			1569.24

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 44 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Health Care Association	g the name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Stephen O'Neill			Date of Receipt
Mailing Address Campbell Hall Rer 23 Kiernan Road			09 21 2009
City <u>Campbe</u> ll Hall	State NY	Zip Code 10916	Transaction ID: C782329 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10910	250.00
Name of Employer Campbell Hall Rehabilitat- ion Center, I	Occupation Information	n on Requested	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Francesca Fierro O'Reilly Mailing Address 4005 Nellie Custis	Dr		Date of Receipt
			09 08 2009
City	State	Zip Code	Transaction ID: C778338
Arlington	VA	22207-5107	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer Sr. Director of Congressi- onal Affairs	- + ·	Health Care Association	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Francesca Fierro O'Reilly			Date of Receipt
Mailing Address 4005 Nellie Custis	Dr		09 21 YYYY 2009
City	State	Zip Code	Transaction ID: C782339
Arlington	VA	22207-5107	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer Sr. Director of Congressi- onal Affairs		Health Care Association	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	
SUBTOTAL of Receipts This Page (option	al)		290.00

or for N/Al	commercial purposes, other than using the ME OF COMMITTEE (In Full) merican Health Care Association Pol II Name (Last, First, Middle Initial) chael Oliver ailing Address 2555 No Price Road	name and address of any political commi	person for the purpose of soliciting contributions ttee to solicit contributions from such committee.
A. Mi	chael Oliver ailing Address 2555 No Price Road		
IVI			Date of Receipt
_			09 / 15 / 2009
Ci	-	State Zip Code	Transaction ID: C778594
FE	nandler C ID number of contributing deral political committee.	AZ 85244	Amount of Each Receipt this Period 100.00
Na Fr	ime of Employer eedom Plaza	Occupation Information Requested	
Re	ceipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	0
	Il Name (Last, First, Middle Initial) chael Oliver		Date of Receipt
Ma	ailing Address 2555 No Price Road		09 / 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ci	•	State Zip Code	Transaction ID: C785457
FE	nandler C ID number of contributing deral political committee.	AZ 85244	Amount of Each Receipt this Period 100.00
Na Fr	me of Employer eedom Plaza	Occupation Information Requested	
Re	ceeipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	0
	II Name (Last, First, Middle Initial) lie Painter		Date of Receipt
Ma	ailing Address 3614 Connecticut Ave Apt 22	NW	09 / 08 / 2009
Ci	-	State Zip Code DC 20008-2436	Transaction ID: C778339
FE	ashington C ID number of contributing deral political committee.	DC 20008-2436	Amount of Each Receipt this Period 11.54
Na Al	me of Employer ICA	Occupation Senior Director of Constituency	Affair
Re	ceipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 230.70	
SUB	TOTAL of Receipts This Page (optional)		211.54

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 44 (check only one) X 11a
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may ng the name and addre	ot be sold or used by any persons of any political committee to	
NAME OF COMMITTEE (In Full) American Health Care Association	Political Action C	ommittee	
Full Name (Last, First, Middle Initial) Julie Painter			Date of Receipt
Mailing Address 3614 Connecticut A Apt 22	Ave NW		09 21 2009
City	State	Zip Code	Transaction ID: C782340
Washington	DC	20008-2436	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		11.54
Name of Employer AHCA	Occupation	ector of Constituency Affair	_
Receipt For:		ear-to-Date	
Primary General Other (specify) ▼	Aggregate 1	230.76	
Full Name (Last, First, Middle Initial) Ronald R. Payne	I		Date of Receipt
Mailing Address 17760 Preston Rd Ste 310			0 9 0 8 2 0 0 9
City	State	Zip Code	Transaction ID: C778326
<u>Dallas</u>	TX	75252-5663	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		5000.00
Name of Employer Southwest LTC	Occupation CEO/Mana	iging Member	
Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 5000.00	
Full Name (Last, First, Middle Initial) Douglas Pendergras			Date of Receipt
Mailing Address 11608 Scott Simps	on Dr		09 25 2009
City	State	Zip Code	Transaction ID: C782553
El Paso	TX	79936-6210	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer Convalescent Enterprises, Inc.	Occupation President		
Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 1300.00	
SUBTOTAL of Receipts This Page (options	al)		5311.54

Any information copied from such Reports and Statements may not be sold or used by any person for the or for commercial purposes, other than using the name and address of any political committee to solicit co NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Douglas Pendergras Mailing Address 11608 Scott Simpson Dr City State Zip Code Trai Maryane Sapio Mailing Address 11608 Scott Simpson Dr City State Zip Code Trai Maryane Sapio Mailing Address 11608 Scott Simpson Dr Cocupation President Aggregate Year-to-Date ▼ Primary General Occupation President American Health Care Association President American Sapio Mailing Address 1324 South Kenmore Circle City State Zip Code Trai Aggregate Year-to-Date ▼ Primary General Occupation President American Sapio Mailing Address 1324 South Kenmore Circle City State Zip Code Trai Aggregate Year-to-Date ▼ Primary General Occupation President Aggregate Year-to-Date ▼ President Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Maryanne Sapio Mailing Address 1324 South Kenmore Circle City State Zip Code Trai	INE NUMBER: PAGE 22 / 44 only one) 1a 11b 11c 12 3 14 15 16 11
Full Name (Last, First, Middle Initial) Douglas Pendergras Mailing Address 11608 Scott Simpson Dr City El Paso TX 79936-6210 FEC ID number of contributing federal political committee. Name of Employer Convalescent Enterprises, Inc. Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Shelly Peterson Mailing Address 1900 N 11th Street City Bismarck ND 58501-1914 FEC ID number of contributing federal political committee. Name of Employer Convalescent Enterprises, Inc. Receipt For: Primary General Other (specify) ▼ City State Zip Code Trai Mailing Address 1900 N 11th Street City FEC ID number of contributing federal political committee. Name of Employer North Dakota LTC Association Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Maryanne Sapio Mailing Address 1324 South Kenmore Circle City Arlington FEC ID number of contributing FEC ID number of contributing State Zip Code Trai Maryanne Sapio Mailing Address 1324 South Kenmore Circle City Arlington FEC ID number of contributing	
City State Zip Code Trai EI Paso TX 79936-6210 FEC ID number of contributing federal political committee. Name of Employer Convalescent Enterprises, Inc. Receipt For: Primary General Other (specify) ▼	e of Receipt
FEC ID number of contributing federal political committee. Name of Employer Convalescent Enterprises, Inc. Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Shelly Peterson Mailing Address 1900 N 11th Street City State Zip Code ND 58501-1914 FEC ID number of contributing federal political committee. Name of Employer North Dakota LTC Association President Receipt For: Primary General Occupation President Name of Employer North Dakota LTC Association President Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Maryanne Sapio Mailing Address 1324 South Kenmore Circle City State Zip Code Mailing Address 1324 South Kenmore Circle City State Zip Code VA 22204 Am FEC ID number of contributing	9 25 2009 saction ID: C782554
Inc. Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Shelly Peterson Mailing Address 1900 N 11th Street City State Zip Code Bismarck ND 58501-1914 FEC ID number of contributing federal political committee. Name of Employer North Dakota LTC Association Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Maryanne Sapio Mailing Address 1324 South Kenmore Circle City State Zip Code Trail Name (Last, First, Middle Initial) Maryanne Sapio Mailing Address 1324 South Kenmore Circle City State Zip Code Trail Name (Last, First, Middle Initial) Maryanne Sapio Mailing Address 1324 South Kenmore Circle	ount of Each Receipt this Period
Mailing Address 1900 N 11th Street City State Zip Code Bismarck ND 58501-1914 FEC ID number of contributing federal political committee. Name of Employer North Dakota LTC Association Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Maryanne Sapio Mailing Address 1324 South Kenmore Circle City State Zip Code Trai Mailing Address 1324 South Kenmore Circle City State Zip Code Trai Am FEC ID number of contributing	
City State Zip Code ND 58501-1914 FEC ID number of contributing federal political committee. Name of Employer North Dakota LTC Association North Dakota LTC Association Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Maryanne Sapio Mailing Address 1324 South Kenmore Circle City State Zip Code Arlington FEC ID number of contributing	e of Receipt
FEC ID number of contributing federal political committee. Name of Employer North Dakota LTC Association Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Maryanne Sapio Mailing Address 1324 South Kenmore Circle City State Zip Code Arlington FEC ID number of contributing	nsaction ID: C782199
federal political committee. Name of Employer North Dakota LTC Association Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Maryanne Sapio Mailing Address 1324 South Kenmore Circle City State Zip Code Arlington FC ID number of contributing	ount of Each Receipt this Period
North Dakota LTC Association Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ 1300.00 Full Name (Last, First, Middle Initial) Maryanne Sapio Mailing Address 1324 South Kenmore Circle City State Zip Code Arlington VA 22204 FEC ID number of contributing	1000.00
Receipt For: Primary Other (specify) Other (specify) Full Name (Last, First, Middle Initial) Maryanne Sapio Mailing Address 1324 South Kenmore Circle City Arlington VA 22204 FEC ID number of contributing	
Maryanne Sapio	
Mailing Address 1324 South Kenmore Circle City State Zip Code Traington VA 22204 FEC ID number of contributing	e of Receipt
Arlington VA 22204 Am FEC ID number of contributing	M / D D / Y Y Y Y
FEC ID number of contributing	nsaction ID: C778342 ount of Each Receipt this Period
1555 to position 55.	11.54
Name of Employer Occupation AHCA Director, Government Relations	
Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ 230.76	
SUBTOTAL of Receipts This Page (optional)	2011.54

CHEDULE A (FEC Form 3X EMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 44 (check only one) X
ny information copied from such Reports and for commercial purposes, other than using NAME OF COMMITTEE (In Full)			
American Health Care Association F	Political Action	Committee	
Full Name (Last, First, Middle Initial) Maryanne Sapio Mailing Address 1324 South Kenmor	o Cirolo		Date of Receipt
1324 South Relinion	e Circle		09 21 2009
City	State	Zip Code	Transaction ID: C782344
Arlington	VA	22204	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		11.54
Name of Employer AHCA	Occupation Director,	n Government Relations	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		230.76	
Full Name (Last, First, Middle Initial) Jerry Schroer, Jr.			Date of Receipt
Mailing Address 1608 Muirfield NW			09 / 21 / Y Y Y Y Y
City	State	Zip Code	Transaction ID: C780471
Canton	OH	44708	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		150.00
Name of Employer Altercare	Occupation Executive		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		2650.00	
Full Name (Last, First, Middle Initial) Jennifer Shimer			Date of Receipt
Mailing Address 9507 Shelly Krasnov	w Ln		09 / 08 / 4 9 9
City	State	Zip Code	Transaction ID: C778343
<u>Fairfax</u>	VA	22031-4720	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		11.54
Name of Employer AHCA	Occupation Vice Pres	ident	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary ☐ General Other (specify) ▼		230.76	
SUBTOTAL of Receipts This Page (optional	\		173.08

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions of for commercial purposes, other than using the name and address of any political committee to solicit certifications from such committee. NAME OF COMMITTEE (in Full)	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 44 (check only one) X 11a 11b 11c 12 13 14 15 16
American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Jennifer Shimer Mailing Address 9507 Shelly Krasnow Ln City State Zip Code Fairfax VA 22031-4720 FEC ID number of contributing federal political committee. Name of Employer AHCA Primary General Other (specify) ▼ City State Zip Code Primary General Other (specify) ▼ City State Zip Code Washington City State Zip Code Washington DC 20005 FEC ID number of contributing federal political committee. City State Zip Code Washington City State Zip Code DC 20005 FEC ID number of contributing federal political committee. Name of Employer American Health Care Association. Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Matthew D. Smyth Mailing Address 1201 L Street NW City State Zip Code Director of Grassroots Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Matthew D. Smyth Mailing Address 1201 L Street NW City State Zip Code DC 20005 FEC ID number of contributing federal political committee. City State Zip Code DC 20005 FEC ID number of contributing federal political committee. City State Zip Code DC 20005 Transaction ID: C782346 Amount of Each Receipt this Period Transaction ID: C782346 Amount of Each Receipt this Period Transaction ID: C782346 Amount of Each Receipt this Period Transaction ID: C782346 Amount of Each Receipt this Period Transaction ID: C782346 Amount of Each Receipt this Period Transaction ID: C782346 Amount of Each Receipt this Period Transaction ID: C782346 Amount of Each Receipt this Period Transaction ID: C782346 Transaction ID: C78234		Statements may e name and add	y not be sold or used by any perso dress of any political committee to	
Jennifer Shimer Mailing Address 9507 Shelly Krasnow Ln City State Zip Code FEC ID number of contributing federal political committee. Name of Employer ARCA Receipt For: Primary General Other (specify) Name of Employer American Health Care Association. Receipt For: Primary General Other (specify) Name of Employer American Health Care Association. Receipt For: Primary Receipt Fo	1 \	litical Action	Committee	
City State Zip Code Transaction ID: C782345 Fairfax VA 22031-4720 FEC ID number of contributing federal political committee. Name of Employer AHCA Receipt For: Other (specify) ▼ Other (specify) ▼ Other (specify) ▼ Full Name (Last, First, Middle Initial) Matthew D. Smyth Mailing Address 1201 L Street NW City State Zip Code Director of Grassroots clation	Jennifer Shimer			<u> </u>
Fairlax VA 22031-4720 Amount of Each Receipt this Period C FEC ID number of contributing federal political committee. Name of Employer AltCA Receipt For: Primary General Other (specify) ▼ CIty State Zip Code DC 20005 Full Name (Last, First, Middle Initial) Name of Employer American Health Care Association Receipt For: Primary General Occupation Name of Employer American Health Care Association Receipt For: Primary General Doltical committee. Name of Employer American Health Care Association Receipt For: Primary General Doltical committee. Poccupation Director of Grassroots Aggregate Year-to-Date ▼ Date of Receipt Agament of Each Receipt this Period Transaction ID: C778344 Amount of Each Receipt this Period Transaction ID: C778344 Amount of Each Receipt this Period Director of Grassroots Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: C782346 Amount of Each Receipt this Period Transaction ID: C782346 Amount of Each Receipt this Period Transaction ID: C782346 Amount of Each Receipt this Period Transaction ID: C782346 Amount of Each Receipt this Period Transaction ID: C782346 Amount of Each Receipt this Period Transaction ID: C782346 Amount of Each Receipt this Period Transaction ID: C782346 Amount of Each Receipt this Period Transaction ID: C782346 Amount of Each Receipt this Period Transaction ID: C782346 Amount of Each Receipt this Period Transaction ID: C782346 Amount of Each Receipt this Period Transaction ID: C782346 Amount of Each Receipt this Period Transaction ID: C782346 Amount of Each Receipt this Period Transaction ID: C782346 Transaction ID: C7	Mailing Address 9507 Shelly Krasnow I	Ln		
FEC ID number of contributing federal political committee. Name of Employer AHCA Receipt For: Primary General Other (specify) ▼	City	State	Zip Code	Transaction ID: C782345
Receipt For:	<u>Fairfax</u>	VA	22031-4720	Amount of Each Receipt this Period
Receipt For:		C		11.54
Receipt For:	Name of Employer AHCA			
Matthew D. Smyth Mailing Address 1201 L Street NW City State Zip Code DC 20005 FEC ID number of contributing federal political committee. Name of Employer American Health Care Association Receipt For: Date of Receipt N	Primary General	Aggregate		
Mailing Address 1201 L Street NW City State Zip Code DC 20005 FEC ID number of contributing federal political committee. Name of Employer American Health Care Association Receipt For: Primary General Other (specify) ▼ City State Zip Code Director of Grassroots Aggregate Year-to-Date ▼ State Zip Code Director of Grassroots Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: C778344 Amount of Each Receipt this Period Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: C778344 The primary General State Zip Code DC 20005 Transaction ID: C782346 Transaction ID: C782346 Amount of Each Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				Date of Receipt
City State Zip Code DC 20005 FEC ID number of contributing federal political committee. Name of Employer American Health Care Association Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Matthew D. Smyth Mailing Address 1201 L Street NW City State Zip Code Washington DC 20005 FEC ID number of contributing federal political committee. C 19.24 Transaction ID: C778344 Amount of Each Receipt this Period Teach Receipt this Period Transaction ID: C782346 Transaction ID: C778344 Amount of Each Receipt this Period Transaction ID: C782346 Transaction ID: C782346 Date of Receipt Transaction ID: C782346 Transaction ID: C782346 Transaction ID: C782346 Transaction ID: C782346 Amount of Each Receipt this Period Transaction ID: C782346	i			M M / D D / Y Y Y Y
Washington DC 20005 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer American Health Care Association Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Matthew D. Smyth Mailing Address 1201 L Street NW City State Zip Code DC 20005 FEC ID number of contributing federal political committee. Name of Employer Amount of Each Receipt this Period Date of Receipt Transaction ID: C782346 Amount of Each Receipt this Period Amount of Each Receipt this Period Transaction ID: C782346 Amount of Each Receipt this Period C 19.24	City	State	Zip Code	
Name of Employer American Health Care Association Receipt For: Date of Receipt	Washington	DC	20005	Amount of Each Receipt this Period
Ciation Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Matthew D. Smyth Mailing Address 1201 L Street NW City State Zip Code Washington FEC ID number of contributing federal political committee. Name of Employer American Health Care Association Receipt For: Primary General Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		C		19.24
Receipt For:	Name of Employer American Health Care Asso- ciation			
Matthew D. Smyth Mailing Address 1201 L Street NW City State Zip Code Washington FEC ID number of contributing federal political committee. Name of Employer American Health Care Association Receipt For: Primary Date of Receipt Transaction ID: C782346 Amount of Each Receipt this Period C 19.24	Receipt For: Primary General	Aggregate		
Mailing Address 1201 L Street NW City State Zip Code Washington DC 20005 FEC ID number of contributing federal political committee. Name of Employer American Health Care Association Receipt For: Primary General State Zip Code Transaction ID: C782346 Amount of Each Receipt this Period Occupation Director of Grassroots Aggregate Year-to-Date ▼	Full Name (Last, First, Middle Initial) Matthew D. Smyth			Date of Receipt
Washington DC 20005 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer American Health Care Association Receipt For: Primary General Amount of Each Receipt this Period Occupation Director of Grassroots Aggregate Year-to-Date ▼				
FEC ID number of contributing federal political committee. Name of Employer American Health Care Association Receipt For: Primary General C Occupation Director of Grassroots Aggregate Year-to-Date	•		Zip Code	Transaction ID: C782346
Name of Employer American Health Care Association Receipt For: Primary Occupation Director of Grassroots Aggregate Year-to-Date 294.70	Washington	DC	20005	Amount of Each Receipt this Period
ciation Receipt For: Primary General Aggregate Year-to-Date 394.70		C		19.24
Receipt For: Aggregate Year-to-Date ▼ Primary General				
204 70	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		384.79]

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 44 (check only one) X
A	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Health Care Association Po	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) Christopher Snow Mailing Address Cypress Health Care			Date of Receipt
	7031 Bennington Lan			09 02 2009
	City	State	Zip Code	Transaction ID: C775559
	Cumming FEC ID number of contributing federal political committee.	GA C	30041	Amount of Each Receipt this Period 500.00
	Name of Employer Cypress Health Care Management Receipt For: Primary Other (specify) ▼		Development/ Marketing e Year-to-Date ▼ 500.00]
. –	Full Name (Last, First, Middle Initial) Patricia Torrington Mailing Address 305 South Calle De M	Madrid		Date of Receipt
	City	Ctata	7in Codo	09 15 2009
	City Tucson	State AZ	Zip Code 85711	Transaction ID: C778598 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		101.00
	Name of Employer The Forum at Tuscon	Occupatio Executive	n e Director	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 227.00	
_	Full Name (Last, First, Middle Initial) Christopher J. Urban			Date of Receipt
	Mailing Address PO Box 75			0 9 1 4 2 0 0 9
	City	State	Zip Code	Transaction ID: C780218
	Solana Beach	CA	92075-0075	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Ambrose Capital	Occupatio Finance	n	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional) .			1101.00

	LE A (FEC Form 3X) O RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 44 (check only one) X	4 17
or for commerc	cial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.	;
\	COMMITTEE (In Full) 1 Health Care Association Po	litical Action	Committee		
Paul Ver Le				Date of Receipt	
Mailing Add	dress Village Rehabilitation 22600 West Main Stre)	09 02 7 2009	e ^Y
City		State	Zip Code	Transaction ID: C775821	
<u>Armada</u>		MI	48005-3237	Amount of Each Receipt this Period	-
	mber of contributing tical committee.	C		150.00)
Name of Er Village Reh Care Comr	mployer nabilitation and mun	Occupatio Owner	n		
Receipt For	r:	Aggregate	e Year-to-Date ▼		
Prima Other	ary		250.00		
Full Name	(Last, First, Middle Initial)	1		Date of Receipt	
Mailing Add	dress Vivian Healthcare Cer 912 South Pecan	nter		M M / D D / Y Y Y Y O O S	
City		State	Zip Code	Transaction ID: C775578	
<u>Vivian</u>	mbar of contribution	LA	71082	Amount of Each Receipt this Period	-
	mber of contributing tical committee.	C		500.00)
Name of Er Information	mployer n Requested	Occupation Informat	_{on} ion Requested		
Receipt For		Aggregate	e Year-to-Date ▼		
	r (specify) ▼		1035.30		
Full Name ((Last, First, Middle Initial) Veber			Date of Receipt	
Mailing Add	dress PO Box 386			09 04 2009	
City	·n	State	Zip Code	Transaction ID: C776669	
Wellingto		OH	44090-0386	Amount of Each Receipt this Period	-
	mber of contributing tical committee.	C		1000.00)
<u>Inc.</u>	mployer alth Care Center,	Occupation Superint			
Receipt For		Aggregate	e Year-to-Date ▼		
	r (specify) ▼		2100.00		
SUBTOTAL	of Receipts This Page (optional)	1		1650.00) ,
	Period (last page this line number		<u> </u>		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 44 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
American Health Care Association Po	litical Action	Committee	
Full Name (Last, First, Middle Initial) Marilyn K. Weber			Date of Receipt
Mailing Address PO Box 386			09 09 2009
City	State	Zip Code	Transaction ID: C778318
Wellington	OH	44090-0386	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		600.00
Name of Employer Weber Health Care Center,	Occupation Superinte		
Inc. Receipt For:	, ' 	Year-to-Date ▼	\dashv
Primary General Other (specify) ▼	, iggregate	2100.00	
Full Name (Last, First, Middle Initial) Robert Wehner	1		Date of Receipt
Mailing Address 5155 North High Stree	et		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C780217
Columbus	ОН	43214	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		125.00
Name of Employer Wesley Glen	Occupation Chief Fin	ancial Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00	
Full Name (Last, First, Middle Initial) Kristin West			Date of Receipt
Mailing Address 10890 Prospect Road			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C785499
Strongsville	OH	44149	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		150.00
Name of Employer Kemper Company	Occupation Vice Pres		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 650.00]
SUBTOTAL of Receipts This Page (optional)			875.00

SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 28 / 44
American Health Care Association Political A Full Name (Last, First, Middle Initial) Bruce Yarwood Mailing Address 200 P Street Apt F31 City St		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Health Care Association Pol	litical Action	Committee	
Full Name (Last, First, Middle Initial) Bruce Yarwood			Date of Receipt
			09 / 29 / 2009
City	State	Zip Code	Transaction ID: C785453
Sacramento	CA	95814-6259	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1250.00
Name of Employer AHCA	Occupation CEO & F	n President	
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional)	•	1250.00
TOTAL This Period (last page this line number only)	•	30275.74

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SCHEDULE B (FEC Form 3X)

President

District:

FOR LINE NUMBER: PAGE 29 / 44 Use separate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the 21b 22 23 25 26 **Detailed Summary Page** 27 28a 28b 28c 29 30b Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Transaction ID: D89295 **BB & T CREDIT CARD** Date of Disbursement 3 Ŏ 0 9 2009 Mailing Address 2200 Wilson Blvd Ste 200 City State Zip Code Amount of Each Disbursement this Period Arlington VA 22201-3324 930.62 Purpose of Disbursement CC Fees Candidate Name Category/ Type Office Sought: Disbursement For: House General Senate Primary President Other (specify) District: State: Full Name (Last, First, Middle Initial) Transaction ID: D89294 BB & T Date of Disbursement 3 0 0 9 2009 Mailing Address PO Box 819 **Operations Center** City State Zip Code Amount of Each Disbursement this Period 27894-0819 Wilson NC 250.56 Purpose of Disbursement Bank fees Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General

SUBTOTAL of Disbursements This Page (optional)	•	1181.18
TOTAL This Period (last page this line number only)	•	1181.18

Other (specify)

State:

1-61		(1 LC 1 01111	-		arate schedule(s)		R LINE eck onl				L		= 30 / 4	
		BURSEMEN		Detailed	category of the Summary Page	À	21b 27	22 28a	Х	23 28b		8c _	25 29	☐ 2 3
or fo	or commercial purp	d from such Reports coses, other than us												<u> </u>
	NAME OF COMM American Healt	IITTEE (In Full) th Care Associati	on Political	Action C	ommittee									
	Full Name (Last, F									-	: D8	8913		
	Coulson for Co	PO BOX 2354							of D	sburs 1	ement 7	Y	ž o ŏ s) Y
	City			State	Zip Code			Amou	ınt o	f Each	Disbu	ırseme	nt this F	Period
	Glenview Purpose of Disbur Contributions to Fe		ļ	IL	60025							1	00.00	
	Candidate Name Elizabeth Couls					ateg								
	Office Sought:	X House Senate President District: 10	Disburser	ment For: Primary Other (spe	2010 General									
	Full Name (Last, F		MES NOR	TON				Date	of D	isburs	: D8			
	Mailing Address	2201 Wiscons	in Avenue,	NW				0 9	М	/ D 1	0 /	Υ	ž o ŏ 9) ^Y
	City Washington			State DC	Zip Code 20007			Amou	int o	f Each	Disbu		nt this F	
	Purpose of Disbur Contributions to Fe							L.				1	00.00	
	Candidate Name Del. Eleanor Ho					ateg Type								
	Office Sought: State: DC	X House Senate President District: 00	Disburser	ment For: Primary Other (spe	2010 General									
	Full Name (Last, F A NEW DIREC							Date	of D	isburs	: D8 ement			
	Mailing Address	PO BOX 4234						o [™] 9	М	[′]	3 /	Y	ž o ŏ 9) \
	City Concord			State NH	Zip Code 03302			Amou	ınt o	f Each	Disbu		nt this F	
		sement ederal PACs/ Comm	nittees					L.	•	•		5	00.00	
	Candidate Name A NEW DIREC	TION PAC				ateg Type								
	Office Sought:	House Senate President	Disburser	ment For: Primary Other (spe	General ecify) ▼									
	State:	District:												

	CHEDULE B (FEC Form 3X)	Use sepa	arate schedule(s)		IE NUMBER: PAGE 31 / 44
IT	EMIZED DISBURSEMENTS	for each	category of the Summary Page	(check o	nly one) 22 X 23 24 25 2 28a 28b 28c 29
	y Information copied from such Reports and Stat for commercial purposes, other than using the na				
	NAME OF COMMITTEE (In Full) American Health Care Association Politi				
<u>/</u>	Full Name (Last, First, Middle Initial) CHARLIE CRIST FOR US SENATE				Transaction ID: D89090 Date of Disbursement
	Mailing Address PO BOX 1694				$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Tallahassee	State FL	Zip Code 32302		Amount of Each Disbursement this Period
	Purpose of Disbursement Contributions to Federal Candidates				5000.00
	Candidate Name CHARLIE CRIST FOR US SENATE			Category/ Type	
	-	x Primary Other (spe	2010 General		
	Full Name (Last, First, Middle Initial) Garamendi for Congress				Transaction ID: D89088 Date of Disbursement
	Mailing Address PO Box 496				$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Sacramento	State CA	Zip Code 95812		Amount of Each Disbursement this Perio
	Purpose of Disbursement Contributions to Federal Candidates				3000.00
	Candidate Name Garamendi for Congress			Category/ Type	
	Senate	rsement For: Primary X Other (spe	2010 General		
	Full Name (Last, First, Middle Initial) HOOSIERS FOR HILL	<u> </u>			Transaction ID: D88719 Date of Disbursement
	Mailing Address PO Box 1071				$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City	State IN	Zip Code 47274		Amount of Each Disbursement this Perio
	Seymour				1000 00
	Purpose of Disbursement Contributions to Federal Candidates				1000.00
	Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Baron Hill			Category/ Type	1000.00
	Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Baron Hill	rsement For: X Primary Other (spe	2010 General ecify)		1000.00

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) STUPAK FOR CONGRESS Mailing Address 817 Ninth Avenue P.O. Box 156 City Menominee MI 49858 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Bart Stupak Office Sought: X House Senate President State: MI District: 01 Full Name (Last, First, Middle Initial) SEN CHANDLER FOR CONGRESS Mailing Address P. O. Box 12678 City State Zip Code Mailing Address P. O. Box 12678 City State Zip Code KY 40508 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Bart Stupak Office Sought: X House Senate President Contributions to Federal Candidates Candidate Name Rep. Bart Stupak City Category' Type Amount of Each Disbursement to 2500 9 Amount of Each Disbursement Office Sought: X House Senate Candidate Name Rep. Bart Stupak City Category' Type Office Sought: X House Senate Contributions to Federal Candidates Candidate Name Rep. Bart Stupak Category' Type Transaction ID: D88715 Date of Disbursement this Peric Category' Type Transaction ID: D88714 Date of Disbursement Office Sought: X House Senate President State: KY District: 06 Full Name (Last, First, Middle Initial) BRIGHT FOR CONGRESS.COM Mailing Address P.O.Box 2106	CHEDULE B (FEC FOIII 3X)	Use separate schedule(s	(check only	NUMBER: PAGE 32 / 44
NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) STUPAK FOR CONGRESS Mailing Address 817 Ninth Avenue P.O. Box 156 City State Vipes Bart Stupak Office Sought: X House President State: KY District: 06 City State Zip Code Category/ Type City State Zip Code Category/ Type Transaction ID: D88900 Date of Disbursement Office Sought: X House Disbursement For: 2010 Senate President State: KY District: 06 Full Name (Last, First, Middle Initial) State: KY District: 06 Full Name (Last, First, Middle Initial) State: KY District: 06 Full Name (Last, First, Middle Initial) State: KY District: 06 Full Name (Last, First, Middle Initial) State: KY District: 06 Full Name (Last, First, Middle Initial) State: KY District: 06 Full Name (Last, First, Middle Initial) State: KY District: 06 Full Name (Last, First, Middle Initial) State: KY District: 06 Full Name (Last, First, Middle Initial) State: KY District: 06 Full Name (Last, First, Middle Initial) State: KY District: 06 Full Name (Last, First, Middle Initial) State: KY District: 06 Full Name (Last, First, Middle Initial) State: KY District: 06 Full Name (Last, First, Middle Initial) State: KY District: 06 Full Name (Last, First, Middle Initial) State: KY District: 06 Full Name (Last, First, Middle Initial) State: KY District: 06 Full Name (Last, First, Middle Initial) State: KY District: 06 Full Name (Last, First, Middle Initial) State: KY District: 06 Full Name (Last, First, Middle Initial) State: KY District: 06 Full Name (Last, First, Middle Initial) State: KY District: 06 Full Name (Last, First, Middle Initial) State: KY District: 06 Full Name (Last, First, Middle Initial) State: KY District: 06 Full Name (Last, First, Middle Initial) State: KY District: 06 Full Name (Last, First, Middle Initial) State: KY District: 06 Full Name (Last, First, Middle Initial) State: KY District: 06 Full Name (Last, First, Middle Initial) State: KY Distric		Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
Full Name (Last, First, Middle Initial) STUPAK FOR CONGRESS Mailing Address 817 Ninth Avenue P.O. Box 156 City Menominee MI 49858 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Bart Stupak Office Sought: X House President State: MI District: 01 Full Name (Last, First, Middle Initial) BEN CHANDLER FOR CONGRESS Mailing Address P.O. Box 12678 City Lexington Category' Type Other (specify) ▼ Transaction ID: D88715 Date of Disbursement Other (specify) ▼ Transaction ID: D88715 Date of Disbursement Other (specify) ▼ Amount of Each Disbursement this Pericular to Disbursement Transaction ID: D88715 Date of Disbursement Other (specify) ▼ Amount of Each Disbursement this Pericular this Pericul	r for commercial purposes, other than using the n NAME OF COMMITTEE (In Full)	ame and address of any politica		
STUPAK FOR CONGRESS Mailing Address 817 Ninth Avenue P.O. Box 156 City State 2/p Code Menominee MI 49858 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Bart Stupak Office Sought: X House President State: MI Disbursement For: 2010 Senate President State: MI Disbursement Contributions to Federal Candidates City State: MI Disbursement For: 2010 Senate President State: MI Disbursement Contributions to Federal Candidates City State Zip Code KY 40508 City State Zip Code KY 40508 City Category' Type Office Sought: X House Senate President State: KY District: 60 Full Name (Last, First, Middle Initial) BRIGHT FOR CONGRESS. OM Mailing Address P.O.Box 2106 City Senate President Other (specify) Type City State: XI Disbursement For: 2010 Senate President State: XI Disbursement Contributions to Federal Candidates Candidate Name Rep. Beotby Bright City State Zip Code Mailing Address P.O.Box 2106 City State Zip Code Mailing Address P.O.Box 2106 City State: XI Disbursement Contributions to Federal Candidates Candidate Name Rep. Beotby Bright City State Zip Code AL 36102 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Bobby Bright Other (specify) Type Office Sought: X House Senate President Senate President Other (specify) Type Disbursement For: 2010 X Primary General Category' Type Office Sought: X House Senate President Other (specify) Primary General President Other (iodi 7 otion committee		
City Sanate President State: MI District: 01 Full Name (Last, First, Middle Initial) Ben Chandler Contributions to Federal Candidates Candidate Name Rep. Ben Chandler City State Zip Code KY 40508 City State Zip Code KY 40508 Contributions to Federal Candidates Candidate Name Rep. Ben Chandler City State: MI District: 01 City State Zip Code KY 40508 City State Zip Code KY 40508 Contributions to Federal Candidates Candidate Name Rep. Ben Chandler Contributions to Federal Candidates Candidate Name Rep. Ben Chandler Cifice Sought: X Primary General President State: KY District: 06 Full Name (Last, First, Middle Initial) BRIGHT FOR CONGRESS.COM Mailing Address P.O.Box 2106 City State Zip Code KY 40508 Transaction ID: D88715 Date of Disbursement Office Sought: X Primary General President State: KY District: 06 Full Name (Last, First, Middle Initial) BRIGHT FOR CONGRESS.COM Mailing Address P.O.Box 2106 City Category' President State: KY District: 06 City Category' Category' President Contributions to Federal Candidates Candidate Name Rep. Bobby Bright Office Sought: X Primary General President Disbursement this Peric Category' Type Office Sought: X House Category' Primary General President President Contributions to Federal Candidates Candidate Name Rep. Bobby Bright Other (specify) ▼ Category' Type Other (specify) ▼ Transaction ID: D88714 Date of Disbursement bries Peric President Preside	STUPAK FOR CONGRESS			Date of Disbursement
Menominee MI 49858 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Bart Stupak Office Sought:				
Contributions to Federal Candidates Candidate Name Rep. Bart Stupak Office Sought:				Amount of Each Disbursement this Perio
Rep. Bart Stupak Office Sought:				2500.00
Senate President State: MI District: 01 Full Name (Last, First, Middle Initial) BEN CHANDLER FOR CONGRESS Mailing Address P. O. Box 12678 City State Zip Code Lexington KY 40508 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Bobby Bright City State Zip Code Lexington KY 40508 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Bobby Bright City State Zip Code Lexington Category/ Type Office Sought: X House Senate President State: KY District: 06 Full Name (Last, First, Middle Initial) BRIGHT FOR CONGRESS.COM Amount of Each Disbursement this Peric Category/ Type Transaction ID: D88714 Date of Disbursement this Peric Disbursement For: 2010 Amount of Each Disbursement Type Transaction ID: D88714 Date of Disbursement Type Amount of Each Disbursement Type Category/ Type Amount of Each Disbursement Type Category/ Type Category/ Type Category/ Type Category/ Type Contributions to Federal Candidates Candidate Name Rep. Bobby Bright Office Sought: X House Senate President Other (specify) ▼ Category/ Type Contributions to Federal Candidates Candidate Name Rep. Bobby Bright Office Sought: X House Senate President Other (specify) ▼ Cother (specify) ▼				
Full Name (Last, First, Middle Initial) BEN CHANDLER FOR CONGRESS Mailing Address P. O. Box 12678 City	Senate President	X Primary General		
City Lexington KY 40508 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Ben Chandler Office Sought: X House Senate President State: KY District: 06 Full Name (Last, First, Middle Initial) BRIGHT FOR CONGRESS.COM Mailing Address P.O.Box 2106 City State Zip Code Montgomery AL 36102 Purpose of Disbursement Contributions to Federal Candidates Cardidate Name Rep. Bobby Bright Office Sought: X House State Zip Code AL 36102 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Bobby Bright Office Sought: X House Senate President President President Other (specify) ▼ General Other (specify) ▼ Category/ Type Office Sought: X House Senate President Other (specify) ▼ General Other (specify) ▼ General Other (specify) ▼ Category/ Type	Full Name (Last, First, Middle Initial)			Date of Disbursement
Disbursement Contributions to Federal Candidates	Mailing Address P. O. Box 12678			09 10 10 2009
Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Ben Chandler Office Sought:				Amount of Each Disbursement this Perio
Rep. Ben Chandler Office Sought:	Purpose of Disbursement			1000.00
Senate President Other (specify) ▼ State: KY District: 06 Full Name (Last, First, Middle Initial) BRIGHT FOR CONGRESS.COM Mailing Address P.O.Box 2106 City State Zip Code AL 36102 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Bobby Bright Office Sought: X House Senate President Senate President X Primary General Other (specify) ▼ Transaction ID: D88714 Date of Disbursement Disbursement Date of Disbursement Category/ Type Other (specify) ▼ Transaction ID: D88714 Date of Disbursement Amount of Each Disbursement this Period Category/ Type Office Sought: X House Senate President Other (specify) ▼				
BRIGHT FOR CONGRESS.COM Mailing Address P.O.Box 2106 City State Zip Code Montgomery AL 36102 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Bobby Bright Office Sought: X House Senate President Date of Disbursement Office Sought: X Primary General Other (specify) Office Specify)	Senate President	X Primary General		
City State Zip Code Montgomery AL 36102 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Bobby Bright Office Sought: X House Senate President Disbursement For: 2010 X Primary General Candidate Other (specify) Other (specify)	,			Date of Disbursement
Montgomery Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Bobby Bright Office Sought: X House Senate President Disbursement For: 2010 X Primary General Other (specify) Type	Mailing Address P.O.Box 2106			09 / 10 / 2009
Contributions to Federal Candidates Candidate Name Rep. Bobby Bright Office Sought: X House Senate President Disbursement For: 2010 X Primary General Other (specify)				Amount of Each Disbursement this Perio
Rep. Bobby Bright Office Sought: X House Senate President Disbursement For: 2010 X Primary General Other (specify)	Purpose of Disbursement			1000.00
Office Sought: X House Senate President Disbursement For: 2010 X Primary General Other (specify) ▼				
Sidile. AL DISTRICT. UZ	Senate	X Primary General		
	State: Al District: 00		· ·	

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE N		PAGE 33/44
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only		24
	Detailed Suffillary Fage	27		8c 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)	e and address of any political co	ininitiee to som	SIL CONTINUUIONS ITOM SU	CIT COMMINICEE
American Health Care Association Politica	Action Committee			
Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT CHRIS MURPHY	,		Transaction ID: D8 Date of Disbursement	8907
Mailing Address P.O. Box 127			09 / 17	^Y 2009 ^Y
•	State Zip Code CT 06410		Amount of Each Disbu	
Purpose of Disbursement Contributions to Federal Candidates				2500.00
Candidate Name Rep. Christopher S. Murphy		Category/ Type		
Senate X President	ment For: 2010 Primary General Other (specify)			
State: CT District: 05 Full Name (Last, First, Middle Initial)				
LOEBSACK FOR CONGRESS			Transaction ID: D8 Date of Disbursement	
Mailing Address P.O.Box 1457			0 9 2 9	Ý Ž 0 Ď 9 Ý
•	State Zip Code IA 52244-1457		Amount of Each Disbu	ursement this Period
Purpose of Disbursement Contributions to Federal Candidates				1000.00
Candidate Name Rep. Dave Loebsack		Category/ Type		
Senate X President	ment For: 2010 Primary General Other (specify)			
State: IA District: 02				
Full Name (Last, First, Middle Initial) EARL POMEROY FOR CONGRESS			Transaction ID: D8 Date of Disbursement	
Mailing Address P.O. Box 9336			09 / 17	Ý Ž 0 Ď 9 Ý
Fargo	State Zip Code ND 58106		Amount of Each Disbu	ursement this Period
Purpose of Disbursement Contributions to Federal Candidates Candidate Name	[Catagony		1300.00
Rep. Earl Pomeroy	'	Category/ Type		
9 1	ment For: 2010 Primary General Other (specify)			
SUBTOTAL of Disbursements This Page (optional)				5000.00
TOTAL This Period (last page this line number only)				

		•		arate schedule(s)		NE NUMBER: PAGE 34 / 44 only one)
	EMIZED DISBURSEM	_	Detailed	category of the Summary Page	21b 27	22 X 23 24 25 28 28 28 29
	for commercial purposes, other that	n using the name				n for the purpose of soliciting contributions solicit contributions from such committee
\rangle	NAME OF COMMITTEE (In Full) American Health Care Assoc		I Action C	ommittee		
	Full Name (Last, First, Middle Initi	*				Transaction ID: D88910 Date of Disbursement
	Mailing Address P.O. Box 9	336				$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Fargo		State ND	Zip Code 58106		Amount of Each Disbursement this Peri
	Purpose of Disbursement Contributions to Federal Candidat	es			•	1000.00
	Candidate Name Rep. Earl Pomeroy	Diahous		0010	ategory/ Type	
	Office Sought: X House Senate President	Disburse	ement For: Primary Other (spe	2010 X General ecify) ▼		
	State: ND District: 00 Full Name (Last, First, Middle Initi CUMMINGS FOR CONGRE	•	N COMMI	TTEE		Transaction ID: D88710 Date of Disbursement
	Mailing Address PO BOX 1	631				$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City BALTIMORE		State MD	Zip Code 21203		Amount of Each Disbursement this Peri
	Purpose of Disbursement Contributions to Federal Candidat	es				3000.00
	Candidate Name Rep. Elijah Cummings				ategory/ Type	
	Office Sought: X House Senate President State: MD District: 07		ement For: Primary Other (spe	2010 General		
	Full Name (Last, First, Middle Initi FRIENDS OF GINNY BROW	,				Transaction ID: D88603 Date of Disbursement
	Mailing Address P.O. Box 8	65				$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Brooksville		State FL	Zip Code 34605		Amount of Each Disbursement this Peri
	Purpose of Disbursement Contributions to Federal Candidat	es				1000.00
	Candidate Name Rep. Ginny Brown-Waite Office Sought: X House	l s:		00.10	ategory/ Type	
	Office Sought: V House	Disburse	ement For:	2010		
	Senate President	X	Primary Other (spe	General		
_	Senate	X				

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	EMIZED DISBURSEMENT	Detailed S	ategory of the Summary Page		21b 27	22 28a		23 28b	24 28		25 29	
	y Information copied from such Reports a for commercial purposes, other than using											
\rangle	NAME OF COMMITTEE (In Full) American Health Care Association	Political Action Co	ommittee									
<u>/</u>	Full Name (Last, First, Middle Initial) CITIZENS FOR ALTMIRE					Date	of Dis	burse				
	Mailing Address 499 S Capitol St Ste 404	SW				0 9	M /	^D 1	7 /	ž	0 ŏ 9	Y
	City Washington	State DC	Zip Code 20003-4004			Amou	int of I	Each	Disbur			-
	Purpose of Disbursement Contributions to Federal Candidates									25	00.00	
	Candidate Name Rep. Jason Altmire			tego Type	·y/							
	Office Sought: X House Senate President State: PA District: 04	Disbursement For: X Primary Other (spec	2010 General									
	State: PA District: 04 Full Name (Last, First, Middle Initial)					Trans	actio	n ID:	D89	089		
	Matheson for Congress					Date	of Dis		ment		Y	Υ
	Mailing Address 677 So. 200 We	st Suite A				0 9		2	9	2	0 Ď 9	
	City Salt Lake City	State UT	Zip Code 84101			Amou	int of I	Each	Disbur			-
	Purpose of Disbursement Contributions to Federal Candidates					L.				20	00.00	
	Candidate Name Rep. Jim Matheson			itego Type	ry/							
	Office Sought: X House Senate President	Disbursement For: X Primary Other (spec	2010 General									
	State: UT District: 02 Full Name (Last, First, Middle Initial) LARSON FOR CONGRESS						actio	burse		717		
	Mailing Address 1087 Old Maine	Street				0 9	M /	^D 1	0 /	Y 2	0 0 9	Y
	City East Hartford	State CT	Zip Code 06108			Amou	int of I	Each	Disbur	semen	t this F	Perio
	Purpose of Disbursement Contributions to Federal Candidates									50	00.00	
	Candidate Name Rep. John B. Larson			tego Type	ry/							
	Office Sought: X House Senate	Disbursement For: X Primary Other (spec	2010 General									
	State: CT District: 01											

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	EMIZED DISBURSEM		Detailed	category of the Summary Page		21b 27	22 28a		23 28b	24 280		25 29	
	y Information copied from such Rep for commercial purposes, other thar NAME OF COMMITTEE (In Full) American Health Care Associ	using the name	e and addre	ess of any politica									•
	Full Name (Last, First, Middle Initial ADLER FOR CONGRESS Mailing Address 14 KNIGHT	swood dri	VE					saction of Disl	burse	D887		0 ŏ 9	Y
	City		State	Zip Code			Amoi	ınt of F	=ach	Disburs			
	MARLTON Purpose of Disbursement		NJ	08053			741100			Biobaro		00.00	_
	Contributions to Federal Candidate Candidate Name Rep. John H. Adler	es			tegor Type	y/		•	•	٥	•	•	
	Office Sought: X House Senate President State: NJ District: 03		ement For: Primary Other (sp	2010 General ecify) ▼									
	Full Name (Last, First, Middle Initial COURTNEY FOR CONGRES	,					Date	saction of Disl	burse	D /		0 ŏ 9	Y
	Mailing Address 38 Risley R	oad					0 9		1	0	. 2	009	
	City Vernon		State CT	Zip Code 06066			Amou	ınt of E	Each	Disburs			_
	Purpose of Disbursement Contributions to Federal Candidate Candidate Name Rep. Joseph Courtney	es			tegor	y/	L.		•		25	00.00	1
	Office Sought: X House Senate President State: CT District: 02		ement For: Primary Other (sp	2010 General ecify) ▼	Гуре								
	Full Name (Last, First, Middle Initia LOUISE SLAUGHTER RE-EL	,	MMITTEE	Ī			Date	saction of Disl	burse				V
	Mailing Address P.O. Box 73	30					0 ^M 9		^D 2	9 '	2	0 Ŏ 9)
	City Honeoye		State NY	Zip Code 14471			Amou	unt of E	Each	Disburs	semen	t this F	Perio
	Purpose of Disbursement Contributions to Federal Candidate	es					L.				10	00.00)
	Candidate Name Rep. Louise McIntosh Slaugh	ter			tegor Type	y/							
	Office Sought: X House Senate		Primary	2010 General									
	President State: NY District: 28		Other (sp	ecity) 🔻									

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or for commercial purposes, other than using the n												
NAME OF COMMITTEE (In Full)												
American Health Care Association Polit	ical Action C	committee										
Full Name (Last, First, Middle Initial)						Trans	acti	on ID:	D890	83		
ARCURI FOR CONGRESS							_	isburse				
Mailing Address P.O. Box 8508						0 9	М	[′] 2	9 /	2	0 Ď 9	Y
City Utica	State NY	Zip Code 13505				Amou	nt o	f Each	Disburs	emer	t this F	erio
Purpose of Disbursement Contributions to Federal Candidates				_						10	00.00	
Candidate Name Rep. Michael Arcuri				ate Ty	gory/ pe							
Office Sought: X House Disbu	rsement For: Primary	2010 X General										
President State: NY District: 24	Other (spe	ecify) 🔻										
Full Name (Last, First, Middle Initial)						Trans	acti	on ID-	D890	81		
MIKE PENCE COMMITTEE						Date o	of D	isburse	ement	J 1		
Mailing Address P. O. Box 408						0 ^M 9	М	[/] 2	9 /	Ý	0 0 9	Υ
City Anderson	State IN	Zip Code 46015				Amou	nt o	f Each	Disburs	emer	t this F	erio
Purpose of Disbursement Contributions to Federal Candidates	•	113.0		-	-		_		- "	10	00.00	
Candidate Name Rep. Mike Pence			ate	gory/								
	x Primary Other (spe	2010 General										
Full Name (Last, First, Middle Initial)						Trans	001:	on ID-	D886	22		
FRIENDS OF PATRICK J. KENNEDY II	NC.					Date o		isburse	ement		· · · ·	Υ
Mailing Address P.O. Box 321						0 9		0	3 /	2	0 ŏ 9	
City Pawtucket	State RI	Zip Code 02860				Amou	nt o	f Each	Disburs			
Purpose of Disbursement Contributions to Federal Candidates				-			-	-		10	00.00	-
Candidate Name Rep. Patrick J. Kennedy				ate Ty	gory/ pe							
Office Sought: X House Disbu Senate President	rsement For: X Primary Other (spe	2010 General ecify)										
State: RI District: 01												
SUBTOTAL of Disbursements This Page (option	al)				<u> </u>		-			30	00.00	
TOTAL This Period (last page this line number of	nly)				•							
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	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
	y Information copied from such Reports and State for commercial purposes, other than using the nar			
\rangle	NAME OF COMMITTEE (In Full) American Health Care Association Politic	al Action Committee		
<u>v </u>	Full Name (Last, First, Middle Initial) ROSKAM FOR CONGRESS COMMITTE	Ξ		Transaction ID: D89087 Date of Disbursement
	Mailing Address 141 Shelley Ln			099 / 29 / 2009
	City Wheaton	State Zip Code IL 60187-7423	3	Amount of Each Disbursement this Period
	Purpose of Disbursement Contributions to Federal Candidates		0 0	1000.00
	Candidate Name Rep. Peter J. Roskam		Category/ Type	
	X X	ement For: 2010 Primary General Other (specify)	•	
	Full Name (Last, First, Middle Initial) RODNEY ALEXANDER FOR CONGRES	S INC.		Transaction ID: D88912 Date of Disbursement
	Mailing Address PO Box 367			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Quitman	State Zip Code LA 71268		Amount of Each Disbursement this Period
	Purpose of Disbursement Contributions to Federal Candidates			1000.00
	Candidate Name Rep. Rodney Alexander		Category/ Type	
		ement For: 2010 Primary General Other (specify)		
	Full Name (Last, First, Middle Initial) KIND FOR CONGRESS COMMITTEE			Transaction ID: D88711 Date of Disbursement
	Mailing Address 505 King St			09 10 7 2009
	City La Crosse	State Zip Code WI 54601		Amount of Each Disbursement this Perio
	Purpose of Disbursement Contributions to Federal Candidates			1500.00
	Candidate Name Rep. Ron J. Kind		Category/ Type	
		ement For: 2010		
	Senate President State: WI District: 03	C Primary General Other (specify) ▼		

	CHEDULE B (FEC FOIII 3A)	Use sepa	rate schedule(s)			eck onl	NUMBE	:R:	Į	PAGE	39 / 4	4
	EMIZED DISBURSEMENTS	Detailed S	category of the Summary Page		À	21b 27	22 28a	X 23 28b) 2	4 8c	25 29	
	/ Information copied from such Reports and or commercial purposes, other than using th											
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) American Health Care Association Po	olitical Action Co	ommittee									
<u>/</u>							T					
	Full Name (Last, First, Middle Initial) KIND FOR CONGRESS COMMITTE	E						action I of Disbu	rsement		, v	V
	Mailing Address 505 King St						0 9] L	10	2	0 0 9	
	City La Crosse	State WI	Zip Code 54601				Amou	int of Ead	ch Disbu	ırsemen	t this P	erio
	Purpose of Disbursement Contributions to Federal Candidates			Г			L.			25	00.00	
	Candidate Name Rep. Ron J. Kind				atego Type	-						
	Senate President	sbursement For: Primary Other (spe	2010 X General cify) ▼									
	State: WI District: 03 Full Name (Last, First, Middle Initial)						_		- 50			
	Graves for Congress							Saction I of Disbu	rsement			V
	Mailing Address PO Box 34744						0 9	M / L	17	' 2	0 ŏ 9	1
	City Kansas City	State MO	Zip Code 64116-1144				Amou	int of Ead	ch Disbu	ırsemer	t this P	erio
	Purpose of Disbursement Contributions to Federal Candidates						L.			10	00.00	
	Candidate Name Rep. Sam Graves				atego Type	-						
	Office Sought: X House Senate President State: MO District: 06	sbursement For: X Primary Other (spe	2010 General cify)									
	Full Name (Last, First, Middle Initial) LEVIN FOR CONGRESS							action I	rsement	8903		
	Mailing Address 230 North Avenue						0 ^M 9	M / [17	Ý	0 ŏ 9	Y
	City Mt. Clemens	State MI	Zip Code 48043				Amou	int of Ead	ch Disbu	ırsemen	t this P	erio
	Purpose of Disbursement Contributions to Federal Candidates						L.			15	00.00	
	Candidate Name Rep. Sander M. Levin				atego Type							
	Office Sought: X House Senate President State: MI District: 12	sbursement For: X Primary Other (spe	2010 General cify)									
		tional)								F0.	00.00	

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	y Information copied from such Reports and S for commercial purposes, other than using the				
	NAME OF COMMITTEE (In Full) American Health Care Association Po				
<u>, </u>	Full Name (Last, First, Middle Initial) LEVIN FOR CONGRESS				Transaction ID: D88904 Date of Disbursement
	Mailing Address 230 North Avenue				$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 9 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ I & 7 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & O & O & 9 \\ I & O & O & 9 \end{smallmatrix} \end{bmatrix}$
	City Mt. Clemens	State MI	Zip Code 48043		Amount of Each Disbursement this Period
	Purpose of Disbursement Contributions to Federal Candidates				1000.00
	Candidate Name Rep. Sander M. Levin	h	0010	Category/ Type	
	Office Sought: X House Dis Senate President State: MI District: 12	bursement For: Primary Other (spe	2010 X General ecify) ▼		
	Full Name (Last, First, Middle Initial) SCOTT MURPHY FOR CONGRESS	COMMITTEE			Transaction ID: D89086 Date of Disbursement
	Mailing Address 615 GLEN ST				$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 9 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 9 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Q & Q & Y \\ 2 & 0 & 0 & 9 \end{bmatrix} $
	City GLENS FALLS	State NY	Zip Code 12801		Amount of Each Disbursement this Period
	GLENS FALLS Purpose of Disbursement Contributions to Federal Candidates				Amount of Each Disbursement this Period 1000.00
	GLENS FALLS Purpose of Disbursement			Category/ Type	
	GLENS FALLS Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Scott Murphy Office Sought: X House Senate President		2010 General		
	GLENS FALLS Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Scott Murphy Office Sought: X House Dis Senate	bursement For:	2010 General		Transaction ID: D88720 Date of Disbursement
	GLENS FALLS Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Scott Murphy Office Sought: X House Senate President State: NY District: 20 Full Name (Last, First, Middle Initial)	bursement For:	2010 General		1000.00 Transaction ID: D88720
	GLENS FALLS Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Scott Murphy Office Sought: X House Senate President State: NY District: 20 Full Name (Last, First, Middle Initial) STEVE AUSTRIA FOR CONGRESS	bursement For:	2010 General		Transaction ID: D88720 Date of Disbursement M 9 M / D D / Y Y Y O Y 9 Amount of Each Disbursement this Period
	GLENS FALLS Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Scott Murphy Office Sought: X House President State: NY District: 20 Full Name (Last, First, Middle Initial) STEVE AUSTRIA FOR CONGRESS Mailing Address 2537 Obetz Drive City Beavercreek Purpose of Disbursement Contributions to Federal Candidates	bursement For: X Primary Other (spe	2010 General ecify) Zip Code	Туре	Transaction ID: D88720 Date of Disbursement M 9 M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	GLENS FALLS Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Scott Murphy Office Sought: X House Senate President State: NY District: 20 Full Name (Last, First, Middle Initial) STEVE AUSTRIA FOR CONGRESS Mailing Address 2537 Obetz Drive City Beavercreek Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Steve Austria	State OH	2010		Transaction ID: D88720 Date of Disbursement M 9 M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	GLENS FALLS Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Scott Murphy Office Sought: X House President State: NY District: 20 Full Name (Last, First, Middle Initial) STEVE AUSTRIA FOR CONGRESS Mailing Address 2537 Obetz Drive City Beavercreek Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Steve Austria	bursement For: X Primary Other (spe	2010 General ecify) Zip Code 45434 2010 General	Type Category/	Transaction ID: D88720 Date of Disbursement M 9 M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

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TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		22 X 23 24 25 28 28 28 29
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Full Name (Last, First, Middle Initial) TAMMY BALDWIN FOR CONGRESS			Transaction ID: D88602 Date of Disbursement
Mailing Address P.O. Box 696			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City Madison	State Zip Code WI 53701		Amount of Each Disbursement this Period
Purpose of Disbursement Contributions to Federal Candidates			200.00
Candidate Name Rep. Tammy Baldwin		Category/ Type	
Office Sought: X House Senate President State: WI District: 02	ursement For: 2010 X Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial) MINNICK FOR CONGRESS			Transaction ID: D88908 Date of Disbursement
Mailing Address 8150 W. Emerald Stre		$\begin{bmatrix} 0 & 9 & M \\ 0 & 9 & M \end{bmatrix} / \begin{bmatrix} D & 1 & D \\ 1 & 7 \end{bmatrix} / \begin{bmatrix} Y & Y & 2 & 0 & 0 & 9 \\ Y & 2 & 0 & 0 & 9 \end{bmatrix}$	
City Boise	State Zip Code ID 83704		Amount of Each Disbursement this Period
Purpose of Disbursement Contributions to Federal Candidates			1500.00
Candidate Name Rep. Walt Clifford Minnick		Category/ Type	
Office Sought: X House Senate President State: ID District: 01	ursement For: 2010 Primary X General Other (specify) ▼		
Full Name (Last, First, Middle Initial) ZACK SPACE FOR CONGRESS COMI	MITTEE		Transaction ID: D88718 Date of Disbursement
	ENUE		$\begin{bmatrix} 0 & 0 & 0 & 0 \\ 0 & 0 & 0 & 0 \end{bmatrix} / \begin{bmatrix} 0 & 1 & 0 \\ 0 & 1 & 0 \end{bmatrix} / \begin{bmatrix} 0 & 0 & 0 & 0 \\ 0 & 0 & 0 & 0 \end{bmatrix}$
Mailing Address 714 N WOOSTER AV			
Mailing Address 714 N WOOSTER AV City DOVER	State Zip Code OH 44622		Amount of Each Disbursement this Perio
City			Amount of Each Disbursement this Perio
City DOVER Purpose of Disbursement		Category/ Type	
City DOVER Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Zack Space		Туре	Amount of Each Disbursement this Period 1000.00

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An	y Information copied from such Reports and State	ments may no	ot be sold or used	by any person for	28a 28b 28c 29 3 or the purpose of soliciting contributions
	for commercial purposes, other than using the nan				
\rangle	NAME OF COMMITTEE (In Full) American Health Care Association Politic	al Action Co	ommittee		
'	Full Name (Last, First, Middle Initial) GRASSLEY COMMITTEE INC				Transaction ID: D88905 Date of Disbursement
	Mailing Address PO BOX 1000				$\begin{bmatrix} \begin{smallmatrix} M 9 & M \\ 0 & 9 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D \\ 1 & 7 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y \\ 2 & 2 & 0 & 0 & 9 \end{smallmatrix} \end{bmatrix} $
	City DES MOINES	State IA	Zip Code 50304		Amount of Each Disbursement this Period
	Purpose of Disbursement Contributions to Federal Candidates Candidate Name			Category/	2000.00
	Sen. Charles E. Grassley			Type	
	Office Sought: House Disburs X Senate President	ement For: Primary Other (spe	2010 X General cify) ▼		
	State: IA District: 00				
	Full Name (Last, First, Middle Initial) PAT ROBERTS FOR SENATE				Transaction ID: D89091 Date of Disbursement
	Mailing Address PO BOX 433				$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 9 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 9 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{smallmatrix} \end{bmatrix}$
	City GREAT BEND	State KS	Zip Code 67530-0433		Amount of Each Disbursement this Period
	Purpose of Disbursement Contributions to Federal Candidates				1000.00
	Candidate Name Sen. Pat Roberts			Category/ Type	
		ement For: (Primary Other (spe	2014 General		
	State: KS District: 00		•, •		
	Full Name (Last, First, Middle Initial) WYDEN FOR SENATE				Transaction ID: D88911 Date of Disbursement
	Full Name (Last, First, Middle Initial)				
	Full Name (Last, First, Middle Initial) WYDEN FOR SENATE	State OR	Zip Code 97232		Date of Disbursement M 9 M / D 1 7 / Y 2 0 0 9 Amount of Each Disbursement this Period
	Full Name (Last, First, Middle Initial) WYDEN FOR SENATE Mailing Address 232 NE 9TH AVENUE City PORTLAND Purpose of Disbursement Contributions to Federal Candidates				Date of Disbursement M 9 M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Full Name (Last, First, Middle Initial) WYDEN FOR SENATE Mailing Address 232 NE 9TH AVENUE City PORTLAND Purpose of Disbursement			Category/ Type	Date of Disbursement M 9 M / D 1 7 Y Y Y O 9 Y Amount of Each Disbursement this Period
	Full Name (Last, First, Middle Initial) WYDEN FOR SENATE Mailing Address 232 NE 9TH AVENUE City PORTLAND Purpose of Disbursement Contributions to Federal Candidates Candidate Name Sen. Ron Wyden		2010 X General		Date of Disbursement M 9 M
	Full Name (Last, First, Middle Initial) WYDEN FOR SENATE Mailing Address 232 NE 9TH AVENUE City PORTLAND Purpose of Disbursement Contributions to Federal Candidates Candidate Name Sen. Ron Wyden Office Sought: House Disburs	OR sement For: Primary	2010 X General		Date of Disbursement M 9 M

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ny Information copied from such Reports and St r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)			
American Health Care Association Poli	tical Action Committee		
Full Name (Last, First, Middle Initial) CARPER FOR SENATE			Transaction ID: D89085 Date of Disbursement
Mailing Address 19 EAST COMMONS	BLVD SECOND FLOOR		$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 9 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & 2 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ D & 2 \end{smallmatrix} \end{bmatrix} $
City NEW CASTLE	State Zip Code DE 19720		Amount of Each Disbursement this Perio
Purpose of Disbursement Contributions to Federal Candidates Candidate Name			1000.00
Sen. Thomas R. Carper	ursement For: 2010	Category/ Type	
X Senate President	X Primary General Other (specify)		
State: DE District: 00 Full Name (Last, First, Middle Initial)			Transaction ID: D88604
FRIENDS OF TREY GRAYSON			Date of Disbursement O 9
Mailing Address PO BOX 175726		09 03 2009	
City Fort Mitchell	State Zip Code KY 41017		Amount of Each Disbursement this Perio
Purpose of Disbursement Contributions to Federal Candidates			1000.00
Candidate Name FRIENDS OF TREY GRAYSON		Category/ Type	
Senate President	ursement For: 2010 X Primary General Other (specify)		
State: District: Full Name (Last, First, Middle Initial) VICTORY IN NOVEMBER ELECTION	PAC (VINEPAC)		Transaction ID: D89092 Date of Disbursement
Mailing Address 227 Massachusetts A			0 9 M / 2 9 / 2 0 0 9 Y
City Washington	State Zip Code DC 20002		Amount of Each Disbursement this Perio
Purpose of Disbursement Contributions to Federal PACs/ Committees			2500.00
Candidate Name VICTORY IN NOVEMBER ELECTION	PAC (VINEPAC)	Category/ Type	
Senate President	ursement For: 2010 Primary X General Other (specify) ▼		
State: District:			

A.

В.

President District: 00

SCHEDULE B (FEC Form 3X)		LINE NUMBER: PAGE 44 / 44
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	ck only one) 21b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name		
NAME OF COMMITTEE (In Full) American Health Care Association Political	Action Committee	
Full Name (Last, First, Middle Initial) GRASSLEY COMMITTEE INC Mailing Address PO BOX 1000		Transaction ID: D88862 Date of Disbursement M 9 M / D D / Y Y Y O Y Y Y O Y Y Y O O O O O O O O
,	State Zip Code IA 50304	Amount of Each Disbursement this Period
Purpose of Disbursement Reattribution/Redesignation to General Candidate Name Sen. Charles E. Grassley	Categor	-1000.00 y/
Office Sought: House Disburse	ment For: 2010 Primary General Other (specify)	[MEMO ITEM] Redesignated Contribution
Full Name (Last, First, Middle Initial) GRASSLEY COMMITTEE INC Mailing Address PO BOX 1000		Transaction ID: D88863 Date of Disbursement M 9 M / D D D / Y Y Y O Y 9 Y 2 0 0 9 Y
DÉS MOINES	State Zip Code IA 50304	Amount of Each Disbursement this Period
Purpose of Disbursement Reattribution/Redesignation to General Candidate Name Sen. Charles E. Grassley	Categor Type	y/
Office Sought: House Disburse X Senate President	ment For: 2010 Primary X General Other (specify)	Redesignated Contribution

SUBTOTAL of Disbursements This Page (optional)	•	0.00
TOTAL This Period (last page this line number only)		71700.00

State: IA